

04-03-00

PATENT
Attorney Docket No.: DHI-03864

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Assistant Commissioner For Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of James L. Brown for **DIAGNOSIS OF AUTOIMMUNE DISEASE**.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **March 30, 2000** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EL 476 362 266 US** addressed to: **Box Patent Application, Assistant Commissioner For Patents, Washington, D.C. 20231.**

Marlene Garitano
Marlene Garitano

1. Type Of Application

This new application is for a(n)

☒ Original (nonprovisional)

2. Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

44 Pages of Specification

3 Pages of Claims

1 Page of Abstract

7 Sheets of Informal Drawings

3. Declaration

☒ Enclosed☒ Unexecuted.

4. Inventorship Statement

The inventorship for all the claims in this application is:

☒ the same

5. Language

☒ English

6. Assignment

☒ An assignment of the invention to **DIAGNOSTIC HYBRIDS, INC.** is attached.☒ Form PTO-1595 will follow.

7. Fee Calculation (37 C.F.R. § 1.16)

☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$690.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	18 - 20 =	0 × \$18.00 =	\$0.00
Independent Claims (37 C.F.R. § 1.16(b))	3 - 3 =	0 × \$78.00 =	\$0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$260.00 =		\$0.00
Filing Fee Calculation			\$690.00

8. Small Entity Statement(s)

☒ Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27 is(are) attached.

Filing Fee Calculation (50% of above) \$345.00

9. Fee Payment Being Made At This Time

☒ Enclosed

☒ basic filing fee

\$345.00

Total Fees Enclosed

\$345.00

10. Method of Payment of Fees

☒ Check in the amount of \$345.00

11. Authorization To Charge Additional Fees and Credit Overpayment

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

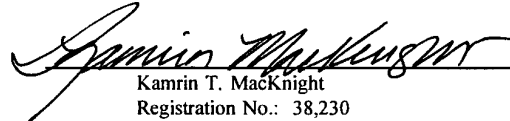
12. Power of Attorney by Assignee

☒ Enclosed

13. Return Receipt Postcard

☒ Enclosed

Dated: March 30, 2000


Kamrin T. MacKnight
Registration No.: 38,230

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☒ Statement Where No Further Pages Added

☒ This transmittal ends with this page.